| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |            | Docket Number (Optional)         |        |
|---|------------|----------------------------------|--------|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | 019904-002210US                  |        |
| Application Number 10/519,008   |            | Filed December 21, 2004          |        |
| For METHODS FOR TREATING PSYCHOSIS ASSOCIATED WITH INTERFERON-ALPHA THERAPY   |            |                                  |        |
| Art Unit 1616   |            | Examiner Brooks, Kristie Latrice |        |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |                                  |        |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |                                  |        |
|   | <u>Fee</u> | Small Entity Fee                 |        |
| One month (37 CFR 1.17(a)(1))   | \$130      | \$65                             | \$     |
| Two months (37 CFR 1.17(a)(2))  | \$490      | \$245                            | \$     |
| Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                            | \$_555 |
| Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865                            | \$     |
| Five months (37 CFR 1.17(a)(5))   | \$2350     | \$1175                           | \$     |
| Applicant claims small entity status. See 37 CFR 1.27.  |            |                                  |        |
| A check in the amount of the fee is enclosed.   |            |                                  |        |
| Payment by credit card. Form PTO-2038 is attached.  |            |                                  |        |
| The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |                                  |        |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u> .   |            |                                  |        |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                      |            |                                  |        |
| I am the applicant/inventor.  |            |                                  |        |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  |            |                                  |        |
| attorney or agent of record. Registration Number 31,677   |            |                                  |        |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34   |            |                                  |        |
| Kmm 0 //// November 3, 2009   |            |                                  |        |
| Signature   |            | Date                             |        |
| Kenneth A. Weber, Reg. No. 31,677   |            | 415-576-0200                     |        |
| Typed or printed name   |            | Telephone Number                 |        |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |            |                                  |        |
| Total of 1 forms are submitted.   |            |                                  |        |